1 1 2 1 3 1 4 4 4 4 4 5 5	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT INTERSTATE	1 8 28
6 1	LAST NAME BERCOT FIRST NAME EARL MIDDLE INITIAL H	
	STREET NEW ADDRESS 9219 8TH ST SE	
7	CITY LAKE STEVENS ST WA ZIP 98258	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	
9 9	DRIVER'S LICENSE # BERCOEH337QL STATE WA SEX M D.O.B. 11 _ 13 _ 1967	
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	1 2 32
11 2 5	LICENSE PLATE # C15628A STATE WA VIN# 1GCEK19V1XE143024	
12 2 5	TRAILER PLATE # STATE STATE STATE	3
13 2	VEH. YEAR 1999 MAKE CHEV MODEL K1 STYLE PK VEHICLE TOWED BY REGISTERED OWNER INFO. OWNED BY DRIVER VEHICLE TOWED BY VEHICLE	0 0 33
142	UABILTY INSURANCE INSURANCE CO 8 POLICY #	7 34
15 2	CHARGE NO INSURANCE/EXPIRED VEHICLE STANDING OF PEDAL- PEDAL- PEDAL- PEDAL- PROPERTY PROP	9 35
18 2	UNIT 02 VEHICLE CYCLE CYCLE CONNER CONNER D: 4253344645	9 36
17	STORET	37
18	REW ADDRESS 829 94TH AVE SE CITY LAKE STEVENS ST WA ZIP 98258	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S HOCHHPM489NQ STATE WA SEV F D.O.B. 08 18 1952	40
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23	TRAILER STATE STATE	1 41
24	VEH. YEAR 2014 MAKE JEEP MODELPATRIOT STYLE 4W VEHICLE TOWED BY GOVT YEHICLE YES NOW TOWED BY	1 41
	UABUTY NSURANCE INSURANCE CO STATE FARM LO4 9666-A17-47E INSURANCE CO STATE FARM LO4 9666-A17-47E 9 TOP 9 TOP	
25	VEHICLE YES NO CITATION # CHARGE OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY	
26	W. AUKERMAN 72 WA0311900 PAGE 01 OF 4	





CORRECTION

REPORT NO.

E407613

CASE #

15-00660

ADDITION	IAL PERSONS INVOLVED (PASSENG	SERS AND/OR WITNE	SSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDRESS & PHONE #		SEX	D.O.B.	1-
PASSENGER WITNESS UNIT # SEAT POS.	AIRBAG RESTR.	EJECT HELI	MET INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)	1000			
ADDRESS & PHONE #		SEX	D.O.B. MMDDYYYY]-[
PASSENGER WITNESS UNIT # SEAT POS.	AIRBAG RESTR.	EJECT HELI	MET INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDRESS & PHONE #		SEX	D.O.B. MMDDYYYY	
PASSENGER WITNESS UNIT # SEAT POS.	AIRBAG RESTR.	EJECT HELI US	MET INJURY CLASS	NATURE OF INJURIES
	NARRATIV	E MANAGE		_ iggl/ 1
Please see subsequent nar	rrative pages			
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER	ER THE LAWS OF THE STATE OF WASHIN	GTON THAT THE FOR	GOING IS TRUE AND	CORRECT. (RCW 9A.72.085)
W. AUKERMAN INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET DATED	5 10:51 AM	PLACE SIGNED	
APPROVED BY	DATED DATED	DATE 3/1:	5/2015 3:59:59 AM	
ROBERT MINER	50244000	TIME POLICE DISPATCHED		IME POLICE ARRIVED 3:29 PM
BADGE OR ID # 72 ORI # WA	40311900	THINE FOLIOE DIGPALONED	3:20 PM	INIE I OLIOE ATTITUED 3:29 PM

REPORT NO.

E407613

CASE#

15-00660

DATE AND TIME OF COLLISION

03/13/15 09:30

NARRATIVE

On 03/13/2015 at about 1520 hours (all times approximate) I was dispatched by police radio to contact Pam Hochhalter at her residence located at 829 94th Ave SE, in the city of Lake Stevens, reference a vehicle collision that had occurred earlier in the day near 9219 8th Street SE, in the city of Lake Stevens. The text of the dispatch indicated the other party involved in the collision did not have vehicle insurance.

I arrived at Hochhalter's residence and spoke with her. Hochhalter showed me damage to the passenger side of her vehicle and stated the collision had occurred just down 8th Street SE from her residence where a neighbor had backed out of his driveway and struck her vehicle. Hochhalter stated sh had been traveling westbound on 8th Street SE when a neighbor identified to be Earl Bercot had backed out of his address of 9219 in his pickup truck and struck her vehicle. Hochhalter stated she attempted honking her horn to let the backing driver know she was there and the vehicle continued to back up and strike her vehicle. Hochhalter stated the other driver did not have insurance and they were both on their way to work so they had not reported the collision when it had occurred around 0930 hours this morning.

I obtained Hochhalter's written statement and took digital images of her vehicle which appears to have sustained reportable damage as a result of the collision.

I then went to the address of 9219 8th Street SE to contact the other driver; said to be Earl Bercot. I spoke with Bercot about the collision and observed the vehicle he had been operating at the time of the collision. Bercot claimed he was in a hurry this morning and was backing out of his driveway when he struck the other vehicle on the roadway. I noted a vehicle parked just to the east of Bercot's driveway (which obstructed the sight path east of Bercot's driveway). Bercot stated the vehicle by his driveway had been parked their this morning at the time of the collision and also indicated the sight obstruction the vehicle causes.

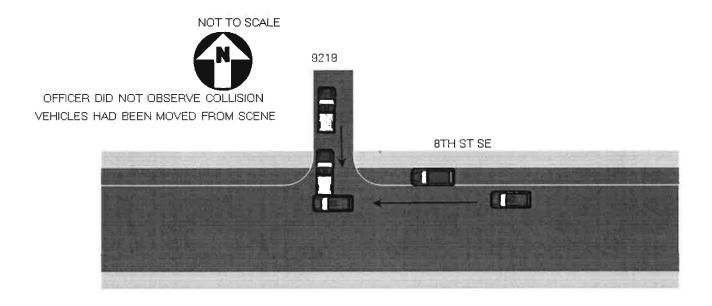
At the time of my contact with Bercot, in regards to the collision, Bercot stated he does not have vehicle insurance and the vehicle he had been operating was found to have an expired vehicle license as of 02-11-2015.

I provided Bercot with a statement form; which he declined to complete in regards to making any statement about the collision.

I took several digital images of Bercot's vehicle and the street in front of Bercot's residence (along with the sight obstruction) where the collision was reported to have occurred. I did not not reportable damage to Bercot's vehicle as a result of the collision.

I cited Bercot for no vehicle insurance and expired vehicle license under two months. I explained the infraction to Bercot and provided him with his copy of the infraction.

Neither driver involved in the collision reported any injury as a result of the collision and both vehicles had been driven from the collision scene several hours before the collision was report to law enforcement.



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				×	WA 98258	LAKE STEVENS WA 98258	_			
			er needed? Language:	Is interpreter needed?	201	70				
code.	Work:	5 4	ome:	Telephone: Home:	257	PO BOX 257				
Apt:		2	ox.		LAKE STEVENS VIOLATION BUREAU	STEVENS VIOL	LAKE		12	Court contact information: Phone 1: (425)334-1012
			My maining address is, (FLEMSE FRIMI)	Name:	0:	nd mail this form t	ht, sign, date, a	boxes to the rig	Check one of the 3 boxes to the right, sign, date, and mail this form to:	
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and I promise to appear on that date. I know I can ask witnesses to appear but art. I understand this will go on my driving record if "traffic" is checked. The court educe the penalty where allowed by law. contest (challenge) this infraction. I did not commit the infraction. Please send me amear on that date. The state must prove by a greenonderance of the evidence	e. I know I can ask inving record if Traffication. Idw. did not commit the interpretation.	se to appear on that dat and this will go on my denally where allowed by sillenge) this infraction. It had date. The state must	Please send me a count date, and I promise to appear on that date. I know I can ask witnesses to appear but they are not required to appear. I understand this will go on my driving record if "traffic" is checked. The count may allow time payments or reduce the penalty where allowed by law. Contested Hearing. I want to contest (challenge) this infraction. I did not commit the infraction. Please send my account date and I promise to appear on that date. The state must prove by a preponderance of the avidence.	Please so they are i may allow Conteste) LED.	nnot go to jail. OM THE DATE ISSI lay it is due at the coneanings:	This is a non-criminal offense for which you cannot go to jail. RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATI onse must be postmarked by midnight of the day it is due at If you do not respond or appear for court hearings:	criminal offense ATTHN FIFTEEN postmarked by not respond or a	This is a non-criminal offense for which you cannot go to jall. YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED. Your response must be postmarked by midnight of the day it is due at the court. If you do not respond or appear for court hearings:	γ _ο , υολ
explain the circumstances.	I want a hearing to	ted the infraction(s), but	1 Hearing. I agree I have commit	Mitigation			NOTICE OF INFRACTION		COURT FOR MAILIN	TICKET SENT TO COURT FOR MAILING
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WORK PHONE NO.	700	CELL/PAGER PHONE NO. (425)320-8344	RESIDENTIAL PHONE NO.	HAIR STREET SE	Z	WEIGHT EYE	5'06"	M 5'06"	RACE	DATE OF BIRTH
982586609	WA ZIP CODE 9	STATE V		STEVENS	CITY LAKE	PASSENGER			9219 8TH ST SE	
CDL	SFX	HENRY	FIRST EARL		MATCHED NAME: LAST FIRST EARL	ATCHED NAME: LAS BERCOT	PHOTO ID MATCHED	TE EXPIRES A 11-13-16	STATE	DRIVER'S LICENSE NO (SCANNED)
	ED DEFENDANT	, PLAINTIFF VS. NAMED DEFENDANT	LAKE STEVENS	STHAT IN THE S	LAKE STEVENS VIOLATION BUREAU CITY/TOWN OF THE UNDERSIGNED CERTIFIES AND SAYS 1	STEVENS VIC	LAKE	L COURT OF TY OF		IN THE DISTRICT V
)0660	REPORT# 15-00660	1355933	INFRACTION #: 5Z0355933	03119VB	COURT OR! # WA03119VB	\ 0311900	LEA. OR # WA0311900	NON-TRAFFIC L	JTRAFFIC NON	INFRACTION

VICTIIVI/WITINESS STATEIVIEINT	_			Service Control
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4 VICTIM	/ WITI	NESS		
NON- NAME_(LAST, FIRST MIDDLE) /	RACE ETH	SEX DOB	AGE	HGT WGT SHAIR JE
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I,, DID NOT GRANT, NO	OR TO MY KN	OWLEDGE DID A	ANYONE ELSE OF PR	OPER AUTHORITY, GRANT
ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FRO	PERTY, AND,	OR SUCH ASSE	T(S) UNDER MY CO	VTROL; NOR WAS
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I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAW SIGNATURE: OFFICER/NUMBER:	VS OF THE STA DATE SIGNEI DATE SIGNEI	TE OF WASHINGTO	ON THAT THE FOREGO	ING IS TRUE AND CORRECT

LAKE SIEVENS PULICE DEPAKTIVIENT

[&]quot;The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

VICTIM/WITNESS STATEMENT		23710-23
T	CASE NUMBER	15-00660
	/ WITNESS	
NON- NAME (LAST, FIRST MIDDLE) DISCO Hochhalter Pamela M STREET ADDRESS 829 940 Avo SE CT		8-52 GZ HGT WGT HAIR EYES STATE ZIP RES STATUS
	Lake Stevens	WA 98230
HOME PHONE (425) 334 - 4645 WORK PHONE EMAIL ADDRESS	- 2106	PLACE OF EMPLOYMENT LIC Stevens School Dist.
	@ comcast.	net
I,, DID NOT GRANT, NO ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PRO PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FRO ACTIONS COMMITTED.	PERTY, AND/OR SUCH ASSI	ANYONE ELSE OF PROPER AUTHORITY, GRANT ET(S) UNDER MY CONTROL; NOR WAS (S) THEREIN. I WILL PROSECUTE FOR SUCH
On Mar. 13, 2015 at a	upproximat	ely 9:30 a.m.
7	work train	
8th St SE Lake Stevens	1	man later
	cot came	out of his
driveway and hit me	1.1	front passenger
Side of my car. I	innediatel	y honked nin
horn to indicate I	was ther	e and he
then hit my car.	I was I	ravelling West
on 8th and mr. Berce	ot was #	acking out of driveway.
We were both on our	vay to we	ork so we both
Went on our-way. Mr.	-Borcot	informed me he
had now insurance. He	was driv	ing a Dickup
truck with canopy.	he driver	identified himself
as Karl Bercot who	appeared	to be early
Ho's.	T I	.
	18	
	+	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAV	S OF THE STATE OF WASHINGT	ON THAT THE FOREGOING IS TRUE AND CORRECT
SIGNATURE: Pam Hochhatter	DATE SIGNED 31/31/5	LOCATION SIGNED
OFFICER/NUMBER: AUKIER MAY # 72	DATE SIGNED 3-13-2015	LOCATION SIGNED

LAKE STEVENS PULICE DEPARTIVIENT

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE___OF___

LAKE STEVENS POLICE Primary Officer/Badge Number Case Number								
EVIDENCE	UNIT	AUKER	MAN \$72	15-00	660			
Type of Crime: Felony / Misdemeaner (Gircle) Type of Case: COLLIS / UN Date/Time: 3-/3-2015 / 16								
Action Number: *Evidence will be held until court disposition or when the Stature of Limitations has expired								
3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Found and Safekeeping will be held for 60 days or 60 days past owner notification Item # Item Brand Name Storage Location Disposition								
Item # /	Disposition							
Action #	Brand/Model/Caliber	(Further Desc						
Serial # Where Found Weight of Narcotic & Second Se								
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Owner Signature/Øther remarks /additional information/ special instructions								
Pres					Disposition			
itoiii ii	TOM:	Brana Name		orago Ecoation	Disposition			
Brand/Model/Caliber (Further Description) Action #								
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Item # Item Brand Name Storage Location Disposition								
Action #	Brand/Model/Caliber (Further Description)							
Serial # Where Found Weight of Narcotic								
Owner's Name Address City State Zip Phone # Barcode goes here					de goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Item # Item Brand Name Storage Location Disposition								
Brand/Model/Caliber (Further Description) Action #								
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Owner Signature/Other remarks /additional information/ special instructions								
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	Brand/Model/Caliber (Further Description)							
Action #	Serial # Where Found Weight of Narcotic							
Owner's Nam	e Address	City Sta	ate Zip Phone#	Barco	de goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by I		CIC √ Date:	CAD/RMS Checked	RO	DUTING:			
			Owner Letter Sent:		hite: Property Room			
Name: # NCIC/WACIC + Date: Owner Letter Sent: White: Property Roo Date: Time: NCIC/WACIC - Date: Owner Letter Sent: Yellow: Case File								

Incident History for: #SS15004914 Case Numbers: \$SS15000660 Entered 03/13/15 15:19:51 BY SPCT01 SP0374 Dispatched 03/13/15 15:20:30 BY SPDP17 SP0339 Enroute 03/13/15 15:20:30 Onscene 03/13/15 15:29:19 Closed 03/13/15 16:04:28 Initial Type: COL Initial Alarm Level: Final Alarm Level: Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT Loc: 9219 8 ST SE ,LKS btwn 91 AV SE & 94 AV SE (V) Loc Info: IFO LOC Name: HOCHHALTER, PAM Addr: 829 94 AV SE, LKS Phone: 4253344645 /1519 (SP0374) ENTRY ,CC RP ADR, COLD, 2 VEH ACC, OTHER PARTY HAD NO **INSURANCE** ,BCST /1520 (SP0339) AGCADV /1520 DISPER 19D2 [829 94 AV SE] **#SS72** AUKERMAN, OFFICER (WAYNE) /1525 (SS72) REMINQ 19D2 MDTVEH,ANT3472,,WA,,,,,,,, /1526 REMINQ 19D2 MDTWANT,,,,,,WA,OHLDEKK162OA,,,,,,,,,, /1527 REMINQ 19D2 MDTVEH, ASB1367, WA,..... /1529 *ONSCNE 19D2 /1529 REMINQ 19D2 MDTVEH, ASP7015, ,WA,,,,,,,, /1536 REMINQ 19D2 MDTVEH, ASB0280,, WA,,,,,,,,, REMINQ 19D2 MDTWANT, HOCHHALTER, PAMELA, M, 081852, ,, WA, ,, ,, ,, /1536 /1537 *MISC 19D2 ,STATE FARM #L04 9666-A17-47E

*MISC 19D2 ,EARL BERCOT 425-320-8344 9219 8 ST SE LKS

/1553 (SS72) REMINQ 19D2 MDTWANT, BERCOT, EARL, H, 111367, ,, WA, ,,,,,,,,,,,,,

REMINQ 19D2 MDTVEH,C15628A,,WA,,,,,,,,

*ASNCAS 19D2 \$SS15000660

/1548 (SP0339) ONSCNE 19D2 [9219 8 ST SE] ,NO CHECKS

*CLEAR 19D2 D/H

CLOSE 19D2

/1537

/1538

/1548

/1604

/1604